

AMENDED IN SENATE JULY 2, 2013
AMENDED IN SENATE JUNE 13, 2013
AMENDED IN ASSEMBLY MAY 24, 2013
AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 582

Introduced by Assembly Member Chesbro

February 20, 2013

An act to repeal and add Section 14105.485 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 582, as amended, Chesbro. Medi-Cal: complex rehabilitation technology.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law requires the department to establish a list of covered services and maximum allowable reimbursement rates for durable medical equipment and requires the list to be published in provider manuals. Existing law requires a provider of custom rehabilitation equipment and custom rehabilitation technology services, as defined, to have a qualified rehabilitation professional on staff, as prescribed, and requires a medical provider to conduct a physical examination of an individual before prescribing a motorized wheelchair or scooter for a Medi-Cal beneficiary.

This bill would, until January 1, 2019, recast these provisions to apply to complex rehabilitation technology, as defined. The bill would require that complex rehabilitation technology be recognized as a separate benefit by the Medi-Cal program in both fee-for-service and managed care delivery systems. The bill would require complex rehabilitation technology be subject to a prior authorization process, as specified, and would authorize the department to adopt additional utilization controls, as appropriate, and additional requirements for Medi-Cal coverage, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. It is the intent of the Legislature to do all of the
2 following:

3 (a) Provide the support necessary for patients with complex
4 rehabilitation technology needs to stay in their homes or
5 community settings, prevent avoidable institutionalization, and
6 reduce secondary medical complications.

7 (b) Ensure adequate access to appropriate complex rehabilitation
8 technology and support services for complex needs patients.

9 (c) Recognize the value of preventive and specialized services
10 in the treatment of complex needs patients.

11 (d) Acknowledge the importance of the hands-on professional
12 resources required for effective evaluation and configuration of
13 complex rehabilitation technology.

14 (e) Establish or improve safeguards related to the delivery of
15 complex rehabilitation technology.

16 (f) Ensure cost efficiency in the provision of complex
17 rehabilitation technology.

18 SEC. 2. Section 14105.485 of the Welfare and Institutions
19 Code is repealed.

20 SEC. 3. Section 14105.485 is added to the Welfare and
21 Institutions Code, to read:

22 14105.485. (a) For purposes of this section, the following
23 definitions apply:

24 (1) “Complex rehabilitation technology” means any item, piece
25 of equipment, or product system, whether modified or customized,
26 that is used to increase, maintain, or improve functional capabilities

1 with respect to mobility and reduce anatomical degradation and
2 complications of individuals with disabilities. Complex
3 rehabilitation technology includes, but is not limited to,
4 nonstandard manual wheelchairs, power wheelchairs, seating
5 systems that are specially configured, ordered, and measured based
6 on patient height, weight, and disability, specialized wheelchair
7 electronics and cushions, custom bath equipment, standers, gait
8 trainers, and specialized strollers.

9 (2) “Complex rehabilitation technology services” includes the
10 application of enabling systems designed and assembled to meet
11 the needs of a patient experiencing any permanent or long-term
12 loss or abnormality of physical or anatomical structure or function
13 with respect to mobility. These services include, but are not limited
14 to, the evaluation of the needs of a patient with a disability,
15 including an assessment of the patient for the purpose of ensuring
16 that the proposed equipment is appropriate; the documentation of
17 medical necessity; the selection, fit, customization, maintenance,
18 assembly, repair, replacement, pick up and delivery, and testing
19 of equipment and parts; and the training of an assistant caregiver
20 and of the patient who will use the technology or individuals who
21 will assist the complex needs patient in using the technology.

22 (3) “Complex rehabilitation technology provider” means a
23 company or entity that complies with all of the following:

24 (A) Meets the supplier and quality standards established for a
25 durable medical equipment supplier under the Medicare Program
26 and is enrolled as a provider in the Medi-Cal program.

27 (B) Is accredited by a recognized accrediting organization as a
28 supplier of complex rehabilitation technology.

29 (C) Employs or contracts with at least one qualified
30 rehabilitation technology professional for each distribution location.

31 (D) Has the qualified rehabilitation technology professional
32 physically present for the evaluation and determination of the
33 complex rehabilitation technology provided.

34 (E) Maintains a reasonable supply of parts, adequate physical
35 facilities, and qualified service or repair technicians, and provides
36 patients with prompt services and repair for all complex
37 rehabilitation technology supplied.

38 (4) “Qualified rehabilitation technology professional” means
39 an individual to whom either one of the following applies:

1 (A) The individual is a registered member in good standing of
2 the National Registry of Rehabilitation Technology Suppliers
3 (NRRTS), and holds the designation of Certified Complex
4 Rehabilitation Technology Specialist.

5 (B) The individual has successfully passed the credentialing
6 examination and received the credential of Assistive Technology
7 Professional (ATP) from the Rehabilitation Engineering and
8 Assistive Technology Society of North America—~~(RESNA)~~.
9 *(RESNA), or other credentialing organization recognized by the*
10 *department.*

11 (b) Complex rehabilitation technology shall be recognized as a
12 separate benefit by the Medi-Cal program in both fee-for-service
13 and managed care delivery systems.

14 (c) Any provider of complex rehabilitation technology to a
15 Medi-Cal beneficiary shall have on staff, either as an employee or
16 independent contractor, or have a contractual relationship with, a
17 qualified rehabilitation technology professional who is directly
18 involved in determining the specific complex rehabilitation
19 technology needs of the patient and is directly involved with, or
20 closely supervised in, the final fitting and delivery of the complex
21 rehabilitation technology.

22 (d) A medical provider shall conduct a physical examination of
23 a patient who is a Medi-Cal beneficiary before prescribing complex
24 rehabilitation technology. The medical provider shall complete a
25 certificate of medical necessity, developed by the department, that
26 documents the medical condition that necessitates the technology
27 and verifies that the patient is capable of using the technology
28 safely.

29 (e) The department may adopt additional requirements for
30 Medi-Cal coverage, including a speciality evaluation by a physical
31 therapist licensed pursuant to Chapter 5.7 (commencing with
32 Section 2600) of Division 2 of the Business and Professions Code,
33 an occupational therapist licensed pursuant to Chapter 5.6
34 (commencing with Section 2570) of Division 2 of the Business
35 and Professions Code, or other licensed health care professional
36 approved by the department. The licensed health professional
37 performing the specialty evaluation may not have a financial
38 relationship with the complex rehabilitation ~~technology~~. *technology*
39 *provider.*

1 (f) Notwithstanding Section 14133.05, complex rehabilitation
2 technology shall be subject to a prior authorization process in
3 which services are approved based on the medical, physical, and
4 functional needs of the patient, as demonstrated in documents
5 prescribed by the department. Prior authorization may be obtained
6 through the treatment authorization request process set forth in
7 Section 51321 of Title 22 of the California Code of Regulations.
8 The department may adopt additional utilization controls for
9 complex rehabilitation technology, as appropriate.

10 (g) Contracts initiated by the department with managed care
11 plans shall be consistent with the requirements of this section.

12 (h) This section shall remain in effect only until January 1, 2019,
13 and as of that date is repealed, unless a later enacted statute, that
14 is enacted before January 1, 2019, deletes or extends that date.

15 SEC. 4. Section 14105.485 is added to the Welfare and
16 Institutions Code, to read:

17 14105.485. (a) Any provider of custom rehabilitation
18 equipment and custom rehabilitation technology services to a
19 Medi-Cal beneficiary shall have on staff, either as an employee or
20 independent contractor, or have a contractual relationship with, a
21 qualified rehabilitation professional who was directly involved in
22 determining the specific custom rehabilitation equipment needs
23 of the patient and was directly involved with, or closely supervised,
24 the final fitting and delivery of the custom rehabilitation equipment.

25 (b) A medical provider shall conduct a physical examination of
26 an individual before prescribing a motorized wheelchair or scooter
27 for a Medi-Cal beneficiary. The medical provider shall complete
28 a certificate of medical necessity, developed by the department,
29 that documents the medical condition that necessitates the
30 motorized wheelchair or scooter, and verifies that the patient is
31 capable of using the wheelchair or scooter safely.

32 (c) For purposes of this section, the following definitions apply:

33 (1) "Custom rehabilitation equipment" means any item, piece
34 of equipment, or product system, whether modified or customized,
35 that is used to increase, maintain, or improve functional capabilities
36 with respect to mobility and reduce anatomical degradation and
37 complications of individuals with disabilities. Custom rehabilitation
38 equipment includes, but is not limited to, nonstandard manual
39 wheelchairs, power wheelchairs and seating systems, power
40 scooters that are specially configured, ordered, and measured based

1 on patient height, weight, and disability, specialized wheelchair
2 electronics and cushions, custom bath equipment, standers, gait
3 trainers, and specialized strollers.

4 (2) “Custom rehabilitation technology services” means the
5 application of enabling technology systems designed and assembled
6 to meet the needs of a specific person experiencing any permanent
7 or long-term loss or abnormality of physical or anatomical structure
8 or function with respect to mobility. These services include, but
9 are not limited to, the evaluation of the needs of a patient with a
10 disability, including an assessment of the patient for the purpose
11 of ensuring that the proposed equipment is appropriate, the
12 documentation of medical necessity, the selection, fit,
13 customization, maintenance, assembly, repair, replacement, pick
14 up and delivery, and testing of equipment and parts, and the
15 training of an assistant caregiver and of a patient who will use the
16 equipment or individuals who will assist the client in using the
17 equipment.

18 (3) “Qualified rehabilitation professional” means an individual
19 to whom any one of the following applies:

20 (A) The individual is a physical therapist licensed pursuant to
21 the Business and Professions Code, occupational therapist licensed
22 pursuant to the Business and Professions Code, or other qualified
23 health care professional approved by the department.

24 (B) The individual is a registered member in good standing of
25 the National Registry of Rehabilitation Technology Suppliers, or
26 other credentialing organization recognized by the department.

27 (C) The individual has successfully passed one of the following
28 credentialing examinations administered by the Rehabilitation
29 Engineering and Assistive Technology Society of North America:

30 (i) The Assistive Technology Supplier examination.

31 (ii) The Assistive Technology Practitioner examination.

32 (iii) The Rehabilitation Engineering Technologist examination.

33 (d) This section shall become operative on January 1, 2019.